

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>10/20/04</u>		2 Serial/Patent # <u>10/812,530</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	—	10/4/04	\$ 130							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 130							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
	Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>2</td><td>0</td><td>--</td><td>0</td><td>6</td><td>6</td><td>8</td></tr></table>		2	0	--	0	6	6	8
2	0	--	0	6	6	8					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
Notice of Incomplete is vacated.											
11 REFUND REQUESTED BY: <u>C.T. Donnell</u>											
TYPED/PRINTED NAME: <u>C. T. Donnell</u>			TITLE: <u>Pet. atty</u>								
SIGNATURE: <u>C. T. Donnell</u>			PHONE: <u>372 3211</u>								
OFFICE: <u>47005</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u></u>			DATE: <u>10/20/04</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**